

**Children's Rehabilitative Services
St. Joseph's Hospital and Medical Center
Administrative Review Action Plan**

| Standard | Finding | RECOMMENDATIONS | Corrective Action Plan | Due Date |
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| CS4 | PC | CRS at St. Joseph's must ensure consistent & timely adjudication of claims within contract requirements. | <p>CRS will continue to:</p> <ul style="list-style-type: none"> • Monitor claims on a daily basis by date of receipt to ensure timely adjudication, if identified issues with claims aging, claims will be redistributed to staff and productivity will be closely monitored until claims adjudication productivity returns to appropriate turn around time. • Continue to monitor claims productivity by claims staff on a monthly basis • Continue to review claims aging report on a monthly basis to identify trends or issues • CRS did not meet the 30-day timely payment guideline once in October 2006. The 60-day guideline was missed by less than a week between September & March. Since March CRS has been compliant with both the 30 day & 60 day requirement | Don Graf Ongoing |
| CS14A | PC | CRS at St. Joseph's must be in compliance with contractual requirements for slow payment penalties. | <p>System changes were needed to implement the requirement for slow pay penalties. Rehab Manager is currently testing the slow pay programming. It is scheduled to go live in September of 2007.</p> <ul style="list-style-type: none"> • CRS will monitor implementation on at least a quarterly basis to ensure compliance | Don 9/14/2007 |
| CS15 | SC | CRS at St. Joseph's must show evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM). | <p>CRS continues to work with providers to increase electronic claims receipt. Attached is the percentage for the month of July.</p> <p>Manual count 2,504 or 53.45% Electronic count 2,181 or 46.55%</p> | Don Graf ongoing |

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| GS 1 | PC | CRS must provide members with written Notice of Action that meet required format standards | CRS will continue to provide members with written notification and notices of extension that meet required format standards as noted by CRSA that the site has met the "requirements from January through May 2007". | Ongoing Paulette Sawyer |
| GS 2 | PC | CRS provides members with a written Notice of Action that meets content standards | CRS will continue to provide a notification that meets content standards as noted by CRSA statement "the current policy and new letter templates meet all requirements | Ongoing Paulette Sawyer |
| GS 3 | SC | CRS must provide members with written notices of action within required timeframes | CRS will continue to provide members with extensions and notices of action as appropriate within the required timeframes as noted by CRSA "the current policy and new letter templates and provider service request meet all requirements" | Ongoing Paulette Sawyer |
| GS 4 | PC | CRS must provide the member with a written notice of extension | Notice to Cure lifted, corrective action already in place. CRS will continue to provide members with a written notice of extension per policy as noted by CRSA "the current policy and new letter templates meet all requirements | Ongoing Paulette Sawyer |
| GS 4A | PC | CRS must provide members with written notices of extension that meet content standards | Notice to cure lifted, corrective action already in place. CRS will continue to provide members with written Notices of Extension as required by policy as noted by CRSA "the current policy and new letter templates meet all requirements". | Ongoing Paulette Sawyer |
| GS 4B | PC | CRS must provide timely, written notification to the member's AHCCCS plan when CRS determines it is not a CRS covered benefit | Notice to cure lifted, corrective action already in place. CRS will continue to provide timely, written notification to the member's AHCCCS plan when CRS at St. Joseph's determines that the service requested is not a CRS covered Benefit as noted by CRSA "the current policy and new letter templates meet all the requirements" | Ongoing Paulette Sawyer |

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| GS 18 | PC | CRS must record all required information in grievance database | <p>CRS updated the grievance database to include all required documentation for CYE 2007. CRS will continue to monitor the database to ensure completion of all required fields (AHCCCS ID, if appropriate, enrolling diagnosis & provider/entity).</p> <ul style="list-style-type: none"> CRS would like to suggest that if a database is mandated by the State that it be user-friendlier, including a mechanism to generate reports to allow for self-monitoring of the data base by the sites. As the database is now it is very little use as a tool to track and trend issues & completion. | Ongoing Myra Kingsley |
| GS 22 | SC | CRS claim dispute notice of decision must include all required information | CRS will continue to include all required information in the claim dispute notice of decision as evidenced by ongoing monitoring by CRSA which shows that CRS has a process in place to ensure that all claim dispute notices include all required information. | Ongoing Paulette Sawyer |
| MS 1 | SC | CRS must document the distribution of the new Member orientation packet to members w/in 10 days of enrollment | CRS has developed an enrollment check in sheet which the member will sign to indicate the receipt of &/or explanation of information upon enrollment (attachment A). | Complete Don Graf |
| MS 5 | SC | CRS Must have a process to identify additional trainings as needed | CRS will utilize QM/UM meetings, staff meetings and other staff venues to identify additional educational needs &/or opportunities. Staff will be surveyed on an annual basis to determine if additional trainings needed | Ongoing & annual CRS Mgmt Team |
| NS 1 | PC | CRS must improve efforts to meet 45-day timelines for member's referrals to specialty clinic appt | <ul style="list-style-type: none"> CRS will revise reporting to monitor the 45 day timeline by specialty Report will be brought to QM/UM Committee on at least a quarterly basis or more frequently as needed to identify material gaps in the network If material gaps identified, strategies will developed to address CRS staff will continue to work to backfill canceled appointments with outstanding referrals | Martha September 2007 & Ongoing |

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| QM 4 | PC | <ul style="list-style-type: none"> CRS must establish a policy/process for monitoring its delegated entities and reviews them formally at least 1x/yr CRS must ensure the subcontractor initiates corrective action when deficiencies are identified CRS must have evaluation reports & CAP documentation to ensure quality for all delegated entities | <ul style="list-style-type: none"> All CRS contracts for services provided to members outside of the clinic setting (excluding physician providers) will be identified Contracts will be reviewed to ensure processes developed for appropriate oversight as appropriate to the contract Policies will be written that delineates those processes to monitor identified contracts. Policies & Procedures will include at a minimum: <ol style="list-style-type: none"> 1) Identification & resolution of quality of care concerns 2) Monitoring of utilization and management of CRS members 3) Care Coordination processes for CRS membership Policies will be written that delineate the processes for review of contract oversight as appropriate, those processes will include, but will not be limited to: <ol style="list-style-type: none"> 1) Documentation of monitoring will be presented on at least a quarterly basis to QM/UM Committee Meeting 2) Evaluations will be presented to the QM/UM Committee with actions identified, along with the corrective action necessary to correct deficiencies as necessary | October 1, 2007 Lisa Boruff/Myra Kingsley |
| QM 5 | PC | CRS must implement procedures for identifying QOC issues w/in the care system | <p>A draft QOC policy has been written which delineates the procedure for identifying QOC issues through the grievance, concurrent, retrospective and prior auth processes (Attachment B).</p> <ul style="list-style-type: none"> CRS would like to express concern that CRSA identified 6 potential quality of care issues which were not identified by us, and than did not inform CRS St. Joseph's what those issues were. If CRSA truly believed they were potential quality of care issues it is inexplicable that the information was not given to the site for review. | Ongoing Myra Kingsley & Paulette Sawyer |

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Administrative Review Action Plan**

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| QM 6 | SC | CRS must establish a process to monitor the success of interventions implemented to address QOC concerns | CRS will monitor QOC issues, and interventions on at least a quarterly basis in the QM/UM Committee. | Lisa Boruff/M Kingsley 8/10/07 |
| QM 7 | NC | <ul style="list-style-type: none"> CRS must ensure accuracy of performance data submitted CRS must maintain performance score of 75% or higher CRS must develop & implement corrective actions to obtain the minimum performance standards | <p>QM 7:</p> <ul style="list-style-type: none"> Continue to monitor data and rates and success of interventions on a monthly and ongoing basis until the minimum performance rate has been reached and maintained. <p>Interventions implemented FY 2007 4th quarter include:</p> <ul style="list-style-type: none"> CRS has increased the number of patients scheduled at each nurse enrolling visit based upon no show rates Patients who no-show their initial enrolling visit will be rescheduled with other designated slots so those patients will not "bump" out other new enrollees. Peds screening clinics identified they have room to increase the number of slots for enrolling new members When physicians cancel clinics, new patients will not be cancelled, and instead those patients will be enrolled by the nurse to improve access to services CRS has collaborated with ADHS regarding the new member enrollment log, data collection, calculation, and interpretation(June 2007) New applications that were processed > 10 days were reviewed, and new daily processes were implemented: the due date is written in large letters on the form so that it is more visible and applications are now being processed according to the date of receipt. Reviewing the 30-day enrolling process, forms, etc. Improvements in rates are anticipated in FY 2008. | Lisa Boruff & M Kingsley 7/17/07 |

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| QM 11 | NC | <ul style="list-style-type: none"> • CRS must ensure consult reports are sent to referring Dr & health plan • CRS must ensure approval notices are sent to referring Dr & health plan w/in 10 days • CRS must ensure eligibility denial notifications are sent to both referring Dr & health plan | <ul style="list-style-type: none"> • Continue to enhance list of PCP fax numbers via regular downloads of WebMD information • Continue to have front desk ask member & update system with PCP name • Continue to auto-fax notes to PCP from transcription when known • CRS will continue its existing determination processes for the 10 day approval notice and the 5 day denial notification • CRS will continue to enhance its lists of providers and fax numbers in order to ensure that notification for both the 10 day and 5 day denial is sent • CRS will continue to send monthly member information to all AHCCCS health plans • CRS will explore the development of a reporting mechanism to monitor that consult reports are sent to referring physician w/in 30 days of 1st clinic visit | Don Graf/ Martha Frisby/ Paulette Sawyer Ongoing |
| MM 1 | PC | <ul style="list-style-type: none"> • CRS must ensure full implementation of UM program requirements by developing management policies to address the range of services utilized | <p>CRS will write policies to cover the services available for members including durable medical equipment, drug utilization and New Medical Technology to ensure full implementation of the UM Program.</p> <p>DME, Drug Utilization & New Medical Technology (when appropriate) will be addressed on a regular basis in the QM/UM Committee, with documentation of analysis and actions as needed to address identified deficiencies</p> | October 1 Paulette Sawyer/ Myra Kingsley |

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| MM 2 | PC | <ul style="list-style-type: none"> CRS must document medical utilization management issues regularly, analysis of aggregate data, ID of trends & variances, implementation of interventions & review of recommendations | <p>CRS will improve the documentation of medical management to reflect :</p> <ul style="list-style-type: none"> Data trends Analysis of untoward trends Action plan for intervention Follow-up to ensure intervention was successful Follow-up of previous meeting recommendations and changes made in response to recommendation | Paulette Sawyer September 2007 |
| MM 6 | SC | <ul style="list-style-type: none"> CRS must document in policy its plan for IRR training & testing | CRS will document the processes for inter-rater reliability training, testing & consistency (Attachment C) | Paulette Sawyer September 2007 |
| MM 6 A | PC | <ul style="list-style-type: none"> CRS must conduct regular checks for consistent application of review criteria | <ul style="list-style-type: none"> CRS will continue to evaluate appropriate staff on an annual basis utilizing the IRR process, in addition to evaluating new staff with in ADHS guidelines CRS will add to the prior auth, in-patient utilization & retrospective review policies the requirement that action will be taken if criteria is not applied in a consistent manner (Attachment D) If criteria is applied inconsistently by staff, they will be educated and monitored for improvement by the manager Inconsistent application of criteria will be used in job performance evaluation | Paulette Sawyer September 1, 2007 |

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| MM 9 | PC | <ul style="list-style-type: none"> CRS must ensure that concurrent reviews meet required timelines & document a new review date each time a concurrent review is conducted | CRS continues to improve timeliness of concurrent review process and documentation of review date each time review is conducted. New staff begins August 23, 2007 and will be trained to meet all concurrent review processes and will be monitored for those elements as part of the 90-day performance evaluation. | Paulette August 27, 2007 and ongoing |
| MM 10 | SC | <ul style="list-style-type: none"> CRS must improve documentation to members PCP to support quality medical management | <ul style="list-style-type: none"> CRS will continue to invite PCP's to planning clinics when known Notify PCP and document in record when member is lost to follow-up Continue to auto-fax notes to PCP from transcription Continue to fax enrollment information to PCP Continue to enhance list of PCP fax numbers via regular downloads of WebMD information Continue to have front desk ask member & update system with PCP name | Martha ongoing |